Bille	ed Entity A	pplicant #: 13	1976				Applicant's I	Form Iden	tifier: DN	IPS4710101		
Con	tact Person	Greg Dav	vis				Phone Numb	er: 515	5-242-7773			
BLO	OCK 5: Di	scount Fundin	g Requ	est(s)				P	age 35 of 319			
Instr num	uctions: Us ber the comp	e one Block 5 pag pleted pages to as	ge for EA sure that	CH serv	rice (Funding all processed	Request Num correctly.	ber) for which	you are req	uesting discounts. I	Make as many copi	es of this page	as necessary, and
FRI	N #					(to be	e assigned by	y admini	strator)		· · · · · · · · · · · · · · · · · · ·	
11		of Service (only (ed) • Internal C		15	Contract Number "T" if tariffed service month-to-month ser described in instruc	ce, "MTM" if vices as	RFP #	00-48A
12	Form 470	Application Nu	mber:		704	34000029662	0	16	Billing Account I	Number:	N	//A
								17	Allowable Vendor Contract Date: (m	Selection/	12/12	2/2000
13		rvice Provider tion Number:				143005447		18	Contract Award D (mm/dd/yyyy)			2/2001
								19a 19b	Service State Date			1/2001
14	Service Pr	ovider Name			Pomeroy Co	mputer Reso	urces, Inc.	20	Service End Date (Contract Expiration (mm/dd/yyyy)			//A D/2002
21	Descriptio	n of this Service:							n of components and co and note number in sp		Attachment	# USFATCH0101
22	Entity/Ent Service:	ities Receiving thi	is	Nu	ımber of the en	tity from Block	4 receiving this s	service.	ed by others), list the l			
					the service is shg. A-1)	ared by all enti	ties on a Block 4	worksheet,	list the worksheet num	ber:		
23	Calculatio	ns 										
		Recu	rring C	harges		···	Non	ı-Recurrin	g Charges		Total Charge	s
	A	В		C	D	E	F	G	Н	ľ	J	K
(tota)	nly \$ charges i amount for service)	How much of the \$ amount in (A) is ineligible?	amo (A mi	scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ amou in (F) is ineligible	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
	v	ı v	,	0	0	0	10,000	0	10,000	10,000	80%	\$8,000

15:11					· _						<u>.</u>		
	<u>. </u>	pplicant #: 13	1976				Applicant's F	Form Identi	fier: DMI	PS471010)1		
Cont	act Person:	Greg Dav	vis				Phone Numb	er: 515-	242-7773		-		
BLC	OCK 5: Di	scount Fundin	g Requ	est(s)				Pa	ge 36 of 319				
Instru numl	er the comp	one Block 5 pag eleted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Numb correctly.	er) for which y	you are requ	esting discounts. Ma	ake as mai	ny copies	s of this page a	ns necessary, and
FRN	1 #					(to be	assigned by	y adminis	trator)				
11	-	of Service (only (-				15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if		RFP#	00-48A
12	Form 470	Application Nu	mber:		704	340000296620		16	Billing Account No. (e.g. billed telephor	umber: ne number)	N	/A
								17	Allowable Vendor Se Contract Date: (mm			12/12	2/2000
13	1	r vice Provider ion Number:				143005447		18	Contract Award Date (mm/dd/yyyy)	te		01/12	2/2001
	1							19a	Service State Date (t				/2001
14	Service Dr	ovider Name			<u> </u>			19b	Service End Date (m				/A
						mputer Resou		20	Contract Expiration (mm/dd/yyyy)			06/30)/2002
21	Descriptio	n of this Service:							of components and cond note number in spa-			Attachment #	USFATCH0101
22	Entity/Ent Service:	ities Receiving thi	is	Nu	mber of the en	tity from Block	4 receiving this s	service.	l by others), list the En		58961		
					the service is sh	nared by all entit	ies on a Block 4	worksheet, li	st the worksheet numb	er:			
23	Calculatio	ns		·	<u> </u>						.,	***	
		Recu	rring C	harges		<u> </u>	Non	-Recurring	Charges		,	Total Charge	s
	A	В	(D	E	F	G	Н	I		J	K
(total	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	amo (A mi	scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	t pre-discount \$ amount for one- time charges (F minus G)	Total pro year pre-d \$ amo (E &	liscount ount H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	1	0	0	0	10,000	0	10,000	10,0	υυ	80%	\$8,000

D.'11	15											
		pplicant #: 13	1976				Applıcıı's F	Form Identifi	ier: DM I	PS4710101		
Con	tact Person	: Greg Da	vis				Phone Numb	er: 515-2	42-7773			
BLC	OCK 5: Di	scount Fundin	g Requ	est(s)	-1			Pag	e 37 of 319			
Instr numl	uctions: Us ber the comp	e one Block 5 pag oleted pages to as	ge for EA	CH serv	rice (Funding all processed	Request Numb	per) for which y	ou are reques	sting discounts. Ma	ake as many copie	s of this page a	as necessary, and
FRI	V #				·	(to be	assigned by	y administi	rator)		<u></u>	
11		of Service (only on mmunications Se		-			774	15 C	Contract Number (if 'T" if tariffed service nonth-to-month servi lescribed in instruction	, "MTM" if ces as	RFP#	00-48A
12	Form 47(Application Nu	ımber:		704	340000296620		16 I	Billing Account Nu e.g. billed telephor	ımber: ne number)	N	/A
									Allowable Vendor So Contract Date: (mm		12/12	2/2000
13		rvice Provider tion Number:				143005447		18	Contract Award Dat mm/dd/yyyy)			2/2001
								\ 	Service State Date (r			/2001
14	Service Pr	ovider Name			Pomeroy Co	mputer Resou	irces, Inc.	20	Service End Date (m Contract Expiration (mm/dd/yyyy)			/A //2002
21	Descriptio	n of this Service:						g breakdown o	f components and code note number in space		Attachment #	# USFATCH0101
22	Entity/Ent Service:	tities Receiving thi	is	Nu	ımber of the en	tity from Block	4 receiving this s	service.	by others), list the En			
					the service is sl g. A-1)	nared by all entit	ies on a Block 4	worksheet, list	the worksheet numb	er:		
23	Calculatio	ns										
		Recu	rring C	harges			Non	-Recurring (Charges		Total Charge	5
	A	В	(С	D	E	F	G	Н	I	J	К
(total	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	pre-di am (A m	monthly secount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	U	0		0	0	0	10,000	0	10,000	10,000	OV%	\$6,000

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Bille	d Ent A	pplicant #: 13	1976				Applicant's F	orm Iden	tifier: DM	IPS4710101		
Con	tact Person	: Greg Dav	vis				Phone Numb	er: 515	5-242-7773		<u></u>	
BLC	OCK 5: Di	scount Funding	g Reque	est(s)		<u>i</u>		P	age 38 of 319			
Instr numl	uctions: Use per the comp	e one Block 5 pag pleted pages to ass	ge for EA sure that	CH serv they are	rice (Funding all processed	Request Numb	per) for which y	you are req	uesting discounts. N	Make as many o	copies of this page	as necessary, and
FRI	N #					(to be	assigned by	admini:	strator)	····		
11		of Service (only C		·				15	Contract Number ("T" if tariffed service month-to-month ser described in instruct	e, "MTM" if vices as	i .	#00-48A
12	Form 470	Application Nu	mber:		704:	340000296620)	16	Billing Account I (e.g. billed telepho	(umber: one number)		N/A
								17	Allowable Vendor Contract Date: (m		12/1	2/2000
13		rvice Provider tion Number:				143005447		18	Contract Award D (mm/dd/yyyy)	ate		2/2001
								19a	Service State Date		07/0	1/2001
14	C							19b	Service End Date (N/A
		ovider Name			Pomeroy Co	mputer Resou	ırces, Inc.	20	Contract Expiration (mm/dd/yyyy)	n Date	06/3	0/2002
21	Descriptio	n of this Service:							n of components and c and note number in sp		ow. Attachment	# USFATCH0101
22	Entity/Ent Service:	tities Receiving thi	s	Nt	ımbe <u>r of</u> the en	tity from Block	4 receiving this s	service.	ed by others), list the I		37	
					the service is sh	nared by all entit	ies on a Block 4	worksheet,	list the worksheet num	ber:		
23	Calculatio	ns								-		
		Recu	rring Cl	narges			Non	-Recurrin	g Charges		Total Charg	es
	A	В	C	3	D	Æ	F	G	Н	I	J	K
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible pre-dis amo (A min	scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ amou in (F) is ineligible	pre-discount \$ amount for one- time charges (F minus G)	Total progra year pre-disco \$ amount (E & H)	unt (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0)	0	0	10,000	0	10,000	10,000	50%	\$5,000

·- ·- ·												
Bille	d Entity A	pplicant #: 13	1976				Applicant's I	orm Identifi	er: DMI	PS4710101		
Cont	act Person	Greg Dav	vis		· · · · · · · · · · · · · · · · · · ·		Phone Numb	er: 515-24	42-7773			
BLC	CK 5: Di	scount Fundin	g Requ	est(s)				Page	e 39 of 319			
Instru numb	er the comp	e one Block 5 pag bleted pages to as	ge for EA sure that	CH serv they are	rice (Funding all processed	Request Numb correctly.	per) for which y	ou are reques	ting discounts. Ma	ake as many copie	s of this page a	is necessary, and
FRN	1 #					(to be	assigned by	administr	ator)			
11		of Service (only ommunications Se			ould be checken			15 C	Contract Number (if T" if tariffed service, nonth-to-month servi	, "MTM" if ces as	RFP #	00-48A
12	Form 470	Application Nu	mber:		704:	340000296620	· -···	16 B	escribed in instruction Billing Account Numbers, billed telephone	ımber:	N	/A
								17 A	llowable Vendor So Contract Date: (mm	election/ /dd/yyyy)	12/12	/2000
13	l	rvice Provider ion Number:				143005447		(1	Contract Award Dat mm/dd/yyyy)		01/12	
									ervice State Date (n			/2001
14	Service Pr	ovider Name		<u> </u>					ervice End Date (m			/A
						mputer Resou			Contract Expiration mm/dd/yyyy)		06/30	/2002
21	Description	n of this Service:							f components and cost i note number in space		Attachment #	USFATCH0101
22	Entity/Ent Service:	ities Receiving thi	is	Nι	imber of the ent	tity from Block	4 receiving this s	ervice.	by others), list the En			
					the service is sh	ared by all entit	ies on a Block 4	worksheet, list	the worksheet number	er:		
23	Calculatio	ns										
		Recu	rring C	harges			Non	-Recurring C	Charges		Total Charge	
	A	В	(3	D	E	F	G	Н	I	J	К
(total	ly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	amo (A mi	monthly scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J) \$8,000
	0	υ		J	ı U	ı U	■ 10.000	ı U	1 10,000	10,000	0070	30.000

Bille	ed Ent. , A	pplicant #: 13	1976				Applı's I	Form Ide	entifie	er: DMP	PS4710101		
Con	tact Person	Greg Da	vis				Phone Numb	er: 5	15-24	2-7773			
BLC	OCK 5: Di	scount Fundin	g Requ	est(s)				T	Page	40 of 319			
Instr	uctions: Use per the comp	e one Block 5 pag pleted pages to as	ge for EA	CH serv	vice (Funding all processed	Request Num correctly.	ber) for which y	you are r	equest	ing discounts. Ma	ike as many copie	es of this page a	as necessary, and
FRI	N #					(to be	assigned by	y admi	nistra	ator)	- 11 - Mar 1		
11		of Service (only of Service)				ed) • Internal C	onnections	15	"T me	ontract Number (if "if tariffed service, onth-to-month services escribed in instruction	"MTM" if	RFP #	00-48A
12	Form 470	Application Nu	mber:		704	34000029662	0	16	Bi	illing Account Nu	mber:	N	/A
								17	A	llowable Vendor Se ontract Date: (mm	lection/	12/12	./2000
13	1	rvice Provider tion Number:				143005447		18	(n	ontract Award Dat nm/dd/yyyy)			/2001
								19a		ervice State Date (n		07/01	
14	Service Pr	ovider Name			D			19b		ervice End Date (m			/A
					Pomeroy Co			20	(n	ontract Expiration nm/dd/yyyy)		06/30	/2002
21	Descriptio	n of this Service:								components and cos note number in space		Attachment #	USFATCH0101
22	Entity/Ent Service:	tities Receiving thi	is	Nu	umber of the en	tity from Block	4 receiving this s	service.		y others), list the En			
					the service is sh g. A-1)	ared by all enti	ties on a Block 4	workshee	et, list tl	he worksheet numbe	er:		
23	Calculatio	ons											
		Recu	rring C	harges	<u></u>		Non	-Recuri	ring C	harges		Total Charge	s
	A	В		C	D	E	F	G		Н	I	J	K
(tota	hty \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	pre-di am (A m	monthly scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How muthe \$ an in (F ineligi	nount) is ble?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0		0	0	0	10,000	0		10,000	10,000	60%	\$6,000

Bille	ed Enti., A	pplicant #: 13	1976				Applic s F	orm Identif	fier: DMI	PS4710101		
Con	tact Person	Greg Da	vis				Phone Numb	er: 515-2	242-7773			
BLO	OCK 5: Di	scount Fundin	g Reque	st(s)	·	<u></u>		Pag	ge 41 of 319			
Instr num	uctions: Use ber the comp	e one Block 5 pag pleted pages to as	ge for EAG sure that t	CH servi	ice (Funding all processed	Request Numb	per) for which y	you are reque	esting discounts. M	ake as many cop	es of this page	as necessary, and
FRI	N #					(to be	assigned by	administ	rator)		*	
11		of Service (only on of Service) only of the original of the or						15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ices as	RFP #	00-48A
12	Form 470	Application Nu	mber:		704:	340000296620		16	Billing Account No (e.g. billed telephor	umber:	N	/A
									Allowable Vendor S Contract Date: (mm	v/dd/yyyy)	12/12	2/2000
13		rvice Provider tion Number:			:	143005447			Contract Award Date (mm/dd/yyyy)			2/2001
									Service State Date (r			1/2001
14	Service Pr	ovider Name]	Pomeroy Co	mputer Resou	irces, Inc.	20	Service End Date (m Contract Expiration (mm/dd/yyyy)			//A 0/2002
21	Descriptio	n of this Service:						g breakdown	of components and cond note number in spa		Attachment	# USFATCH0101
22	Entity/Ent Service:	ities Receiving thi	is	Nu	mber of the ent	tity from Block	4 receiving this s	service.	by others), list the Er			
					he service is sh	nared by all entit	nes on a Block 4	worksheet, lis	t the worksheet numb	er:		<u> </u>
23	Calculatio	ns 				_						
		Recu	rring Ch	arges			Non	-Recurring	Charges		Total Charge	S
	A	В	C	;	D	E	F	G	Н	Ι	J	К
(tota	hly \$ charges 1 amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible r pre-dise amos (A min	count unt	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is incligible?		Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0	0 0 (C x 1			10,000	0	0 10,000 10,0		50%	\$5,000

Bille	d Entity A	pplicant #: 13	1976				Applicant's F	orm Ident	fier: DMI	PS4710101			
Conta	act Person:	Greg Dav	vis				Phone Numb	er: 515-	242-7773				
BLO	CK 5: Di	scount Fundin	g Reque	est(s)				Pa	ge 42 of 319				
Instru numb	ctions: Use er the comp	e one Block 5 pag eleted pages to as	ge for EA sure that	CH serv	ice (Funding all processed	Request Numb	er) for which y	ou are requ	esting discounts. M	ake as many o	copies	of this page a	s necessary, and
FRN	T#		···-			(to be	assigned by	adminis	trator)				
11	Category	of Service (only (ONE cate	egory she	ould be check			15	Contract Number (it				
	O Telecon	mmunications Se	rvices	O Interi	net Access	• Internal Co	onnections	:	"T" if tariffed service month-to-month servi described in instruction	ices as		RFP #	00-48A
12	Form 470	Application Nu	mber:					16	Billing Account No	umber:		N	'A
					7043	340000296620	l		(e.g. billed telephor				
								17	Allowable Vendor S			10/10	(2000
13	SPIN – Sea	rvice Provider						18	Contract Date: (mm/dd/yyyy) Contract Award Date			12/12	/2000
10		- -				143005447		10	(mm/dd/yyyy)	ic .		01/12	/2001
	Identification Number: 143							19a	Service State Date (r	nm/dd/yyyy)	1	07/01	
								19b	Service End Date (m	ım/dd/yyyy)		N.	/A
14	Service Pr	ovider Name			Pomeroy Co	mputer Resou	rces, Inc.	20	Contract Expiration (mm/dd/yyyy)	Date		06/30	/2002
21	Descriptio	n of this Service:							of components and co and note number in spa		low.	Attachment #	USFATCH0101
22	Entity/Ent Service:	ities Receiving thi	is				ided to one site a		d by others), list the Er	tity 589	60	1	
									st the worksheet numb	er:			
	Calada				g. A-1)								
23	Calculatio	ns 											
		Recu	rring C	harges			Non	-Recurring	Charges		T	otal Charges	
	A	В	(D	E	F	G	Н	I		j	K
(total	ly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	(A mi	scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amour in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total progra year pre-disco \$ amount (E & H)		% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
	0	0)	0	0	10,000	0	10,000	10,000		90%	\$9,000

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							**					
Bille	d Entir, A	oplicant #: 13	1976		·		Applic's F	orm Identifi	er: DMI	PS4710101		
Cont	act Person	Greg Dav	vis				Phone Numb	er: 515-2	42-7773			
BLC	CK 5: Di	scount Fundin	g Requ	est(s)				Pag	e 43 of 319			
Instru numb	ictions: Use er the comp	one Block 5 pag leted pages to as	ge for EA	CH serv they are	rice (Funding all processed	Request Numb	per) for which y	you are reques	sting discounts. Ma	ake as many cop	es of this page	as necessary, and
FRN	I #					(to be	assigned by	administr	rator)			
11		of Service (only ommunications Se						15 G	Contract Number (if T' if tariffed service nonth-to-month servilescribed in instruction	, "MTM" if ces as	RFP#	00-48A
12	Form 470	Application Nu	mber:		7043	340000296620	· ····	16 I	Billing Account Nu e.g. billed telephon	ımber: ie number)	N	/A
								1 7 /	Allowable Vendor Se Contract Date: (mm		12/12	2/2000
13		vice Provider ion Number:				143005447		1 1	Contract Award Dat mm/dd/yyyy)	e	01/12	2/2001
									Service State Date (n			/2001
14	So-i Du	ovider Name							Service End Date (m			/A
						mputer Resou			Contract Expiration [mm/dd/yyyy)		06/30)/2002
21	Description	n of this Service:							f components and cor d note number in space		Attachment	# <u>USFATCH0101</u>
22	Entity/Ent Service:	ities Receiving thi	is	Nu	mber of the en	tity from Block	4 receiving this	service.	by others), list the En			40 +
				1	the service is sh g. A-1)	nared by all entit	ies on a Block 4	worksheet, list	the worksheet numb	er:		
23	Calculatio	ns		(0.)	ş. A-1)				. .	I		,
	!	Recu	rring C	harges			Non	-Recurring (Charges		Total Charge	S
	A	В	(C	D	E	F	G	Н	I	J	К
(total	ly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	am (A m	monthly scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J) \$8,000
	v	U	·	U	0	0	10,000	"	10,000	10,000	6070	\$6,000

Billed Ent., Applicant #: 131976	Apply's Form Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 44 o	f 319

FR	N #	(to be assigned by	y admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A		n of components and costs, plus any	elow. Attachment # USFATCH0101
22	Entity/Entities Receiving this Service:	a.If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this		by others), list the Entity 589	950
		b.If the service is shared by all entities on a Block 4 we (e.g. A-1)		the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	n-Recurring C	harges	Total Charges			
A	В	С	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	10,000	0	10,000	10,000	80%	\$8,000	

Bille	d Entity A	pplicant #: 13	1976				Applicant's I	Form Identif	ier: DMI	PS4710101				
Cont	act Person	Greg Da	vis				Phone Numb	er: 515-2	42-7773					
BLC	OCK 5: Di	scount Fundin	g Reque	est(s)		L	,	Pag	e 45 of 319					
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13	SPIN - Service Provider Identification Number: 143005447					143005447			Contract Award Dat mm/dd/yyyy)	le	01/12/2001			
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14	Service Pr	ovider Name			Pomeroy Co	mputer Resou	rces, Inc.	20	Service End Date (m Contract Expiration (mm/dd/yyyy)			//A D/2002		
21	Descriptio	n of this Service:						g breakdown o	of components and cost d note number in space		w. Attachment	# USFATCH0101		
22	Entity/Ent Service:	ities Receiving thi	is	Nu b. If	imber of the en	tity from Block	4 receiving this s	ervice.	by others), list the En			,		
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Conta	Entity A	pplicant #: 13	1976				Applicant's F	orm Ident	ifier: DMI	PS4710101					
	ct Person:	Greg Da	vis				Phone Numb	er: 515	-242-7773						
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			rring Cl	narges		<u></u>	Non	-Recurrin	g Charges		Total Charge				
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Bille	d Entity A	pplicant #: 13	1976			Applicant's I	orm Ident	ifier: DMI	PS4710101			
Cont	act Person	Greg Dav	/is			Phone Numb	er: 515	-242-7773				
BLC	OCK 5: Di	scount Funding	g Request(s)		i_		Pa	nge 47 of 319				
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	<u> </u>	Recu	rring Charges			Nor	ı-Recurring	g Charges		Total Charge	s	
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			Eligible monthly pre-discount	# of months service	Annual pre- discount for	Annual non- recurring (one	How much the \$ amoun		Total program year pre-discount	% discount (from Block 4	Funding Commitment \$	

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	0			charges (C x D)			(F minus G)		50%			

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-		pplicant #: 13					Applicant's F	om iden	IIICI. DIVI	PS4710101					
	act Person:	8					Phone Numb	er: 515	-242-7773			•			
LO	CK 5: Di	scount Fundin	g Requ	est(s)				Pa	ige 48 of 319			•			
stri mb	ctions: Use er the comp	one Block 5 pag eleted pages to as	ge for EA sure that	CH serv they are	rice (Funding l all processed	Request Num correctly.	ber) for which y	ou are requ	esting discounts. M	ake as many copi	es of this page	is necessary, and			
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onth otal	A y \$ charges amount for ervice)		Eligible pre-di amo	2	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)			Annual eligible pre-discount \$ amount for one-	Total program year pre-discount \$ amount (E & H)	· · · · · · · · · · · · · · · · · · ·				

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Billed Ent. Applicant #: 131976	Applic s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 50 of 319

FRN	[#	(to be assigned by	y admini	istrator)					
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A				
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A				
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000				
13	SPIN – Service Provider Identification Number:	143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001				
			19a	Service State Date (mm/dd/yyyy)	07/01/2001				
			19b	Service End Date (mm/dd/yyyy)	N/A				
14	Service Provider Name	Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002				
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFATCH0101						
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this b.If the service is shared by all entities on a Block 4 we	709						
23	Calculations	(e.g. A-1)							

	Recu	rring Charges			Nor	n-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & II)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
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Bille	ed Entages	pplicant #: 131	1976				Applid. s I	Form Ide	entifie	er: DM F	PS4710101					
Con	tact Person	Greg Dav	/is				Phone Numb	er: 5	15-24	2-7773						
BLC	OCK 5: Di	scount Funding	g Reque	st(s)	 				Page	51 of 319		<u> </u>				
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14		ovider Name]	Pomeroy Co	mputer Resou	irces, Inc.	20	- 1	ontract Expiration nm/dd/yyyy)						
21	Descriptio	n of this Service:								components and cos note number in space		/. Attachment	# USFATCH0101			
22	Entity/Ent Service:	tities Receiving this	s	Nu	mber of the ent	tity from Block	4 receiving this	service.		y others), list the En						
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23	Calculatio	ns														
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	A	В	C	·	D	E	F	G		Н	I	J	К			
(total amount for service) \$ amount in (A) pre-d			Eligible n pre-disc amoi (A min	count unt uus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How me the \$ an in (F ineligi	nount) is ble?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discoun \$ amount (E & H)	worksheet)	Funding Commitment \$ Request (I x J)			
	0 0				0	0	10,000	0		10,000	10,000	60%	\$6,000			

· · · ·								
Billed Ent. pplicant #: 131976	Apple s Fo	rm Iden	atifier: DMPS4710101					
Contact Person: Greg Davis	Phone Number	: 51:	5-242-7773					
BLOCK 5: Discount Funding Request(s)		Page 52 of 319						
Instructions: Use one Block 5 page for EACH service (Funding Request number the completed pages to assure that they are all processed correctly	Number) for which you	u are rec	questing discounts. Make as many co	pies of this page as necessary, and				
FRN#	to be assigned by a	admini	istrator)					
Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access • Internet	rnal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A				
12 Form 470 Application Number: 7043400002	96620	16	Billing Account Number: (e.g. billed telephone number)	N/A				
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000				
13 SPIN – Service Provider Identification Number: 1430054		18	Contract Award Date (mm/dd/yyyy)	01/12/2001				
		19a	Service State Date (mm/dd/yyyy)	07/01/2001				

(mm/dd/yyyy) Description of this Service: 21 You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Entity/Entities Receiving this 58943

Pomeroy Computer Resources, Inc.

Attachment # USFATCH0101

N/A

06/30/2002

-	Service:	

Service Provider Name

14

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:

19b

20

Service End Date (mm/dd/yyyy)

Contract Expiration Date

(e.g. A-1) Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	В	C	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	50%	\$5,000

Billed Ent. Applicant #: 131976	Applic s Form Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 53 of 319	

FRI	N #	(to be assigned by	y admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143005447		18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Article Programme 1 of the service, including the service of the service, including the service of the serv	Attachment # USFATCH0101		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this		ed by others), list the Entity 58985	
23	Calculations	b. If the service is shared by all entities on a Block 4 (e.g. A-1)			

-	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	С	D	E	F	G	Н	ĭ	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	\$8,000

Billed E. Applicant #: 131976	Appit's Form I	dentifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 54 of	319

FRI	N #	(to be assigned by	y admini	strator)				
11			15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A			
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
,			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number:	143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
			19a	Service State Date (mm/dd/yyyy)	07/01/2001			
			19b	Service End Date (mm/dd/yyyy)	N/A			
14	Service Provider Name	Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>USFATCH0</u>					
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this s	service.					
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:				
23	Calculations			-				

	Recurring Charges					Non-Recurring Charges			Total Charges		
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	10,000	0	10,000	10,000	50%	\$5,000	

Billed Enticy Applicant #: 131976	Applic s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 55 of 319

FRI	V #	(to be assigned b	y admini	strator)				
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A			
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number: 143005447		18 Contract Award Date (mm/dd/yyyy)		01/12/2001			
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A			
14	Service Provider Name	Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.					
22	Entity/Entities Receiving this Service:	 a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this b. If the service is shared by all entities on a Block 4 	946					
23	Calculations							

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	В	С	D	E	F	G	Н	Ι	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	\$8,000

Billed Ent. pplicant #: 131976	Applic s Form Io	dentifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 56 of	319

FRI	N #	(to be assigned by	y admini	strator)		
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A	
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A	
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000	
13	SPIN – Service Provider Identification Number:	143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001	
			19a	Service State Date (mm/dd/yyyy)	07/01/2001	
<u></u>			19b	Service End Date (mm/dd/yyyy)	N/A	
14	Service Provider Name	Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002	
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Al		n of components and costs, plus any	elow. Attachment # USFATCH0101	
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.				
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:		
23	Calculations					

Recurring Charges					Nor	n-Recurring C	harges		Total Charge	s
A	В	C	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	90%	\$9,000

Contact Perso	on: Greg Da	vis			Phone Number: 515-242-7773						
LOCK 5:	Discount Fundin		e)				age 57 of 319				
				Request Num	ber) for which y		esting discounts. M	ake as many copi	es of this page :	as necessary, and	
mber the co	mpleted pages to as	sure that the	y are all processed	correctly.		,	, , , , , , , , , , , , , , , , , , ,		es es ans page		
RN#				(to be	e assigned by	y adminis	trator)		·		
Categor	ry of Service (only	ONE categor	y should be check	ed)		15	Contract Number (i "T" if tariffed service			00.404	
O Tele	communications Se	ervices O	Internet Access	• Internal C	Connections	:	month-to-month services described in instruction	ices as	RFP#	00-48A	
Form 470 Application Number:						16	Billing Account N	umber:	N	/A	
704340000296					0	17	(e.g. billed telephor S				
						17	Contract Date: (mn		12/12	2/2000	
	SPIN – Service Provider					18	Contract Award Da	te			
Identifi	cation Number:			143005447		19a	(mm/dd/yyyy) Service State Date (mm/dd/sovyy)	01/12/2001		
						19b	Service End Date (n		07/01/2001 N/A		
Service	Service Provider Name Pomeroy Computer Res					20	Contract Expiration	06/30	06/30/2002		
		i	•			i	(many /dd/samma)	1			
Descrip	tion of this Service:		ou MUST attach a de	escription of the	service, includin		(mm/dd/yyyy) n of components and co				
Descrip	tion of this Service:		ou MUST attach a de	escription of the	service, includin					USFATCH010	
Entity/I	Entities Receiving th	rel	ou MUST attach a deevant brand names. If the service is si	escription of the Label this descr	e service, includin ription with an At vided to one site	ttachment #,	of components and co	ce provided below.			
	Entities Receiving th	rel	ou MUST attach a de evant brand names. If the service is si Number of the en	escription of the Label this descr ite-specific (pro- tity from Block	service, includin ription with an At vided to one site a 4 receiving this s	and not share service.	of components and co and note number in spa	ntity 58972			
Entity/I Service:	Entities Receiving th	rel	ou MUST attach a de evant brand names. If the service is si Number of the en	escription of the Label this descr ite-specific (pro- tity from Block	service, includin ription with an At vided to one site a 4 receiving this s	and not share service.	n of components and co and note number in spa ed by others), list the E	ntity 58972			
Entity/F Service:	Entities Receiving th	is a.	ou MUST attach a de evant brand names. If the service is si Number of the en If the service is si (e.g. A-1)	escription of the Label this descr ite-specific (pro- tity from Block	e service, includin ription with an At vided to one site a 4 receiving this s ities on a Block 4	and not share service. worksheet, l	of components and co and note number in spa ed by others), list the Ei ist the worksheet numb	ntity 58972	Attachment #	USFATCH010	
Entity/I Service: Calcula	Entities Receiving the	is a. b.	ou MUST attach a de evant brand names. If the service is si Number of the en If the service is si (e.g. A-1)	escription of the Label this descr ite-specific (pro- tity from Block hared by all enti	e service, includin ription with an At vided to one site a 4 receiving this s ities on a Block 4	and not share service. worksheet, l	n of components and co and note number in spa ed by others), list the En ist the worksheet numb g Charges	ntity 58972 per:	Attachment	USFATCH010	
Entity/I Service: Calcula	Entities Receiving thi tions Recu	is a.	ou MUST attach a de evant brand names. If the service is si Number of the en If the service is si (e.g. A-1)	escription of the Label this descr ite-specific (pro- tity from Block	e service, includin ription with an At vided to one site a 4 receiving this s ities on a Block 4	and not share service. worksheet, l	of components and co and note number in spa ed by others), list the Ei ist the worksheet numb	ntity 58972	Attachment #	USFATCH010	
2 Entity/ł Service: 3 Calcula	Entities Receiving thi	is a. b.	ou MUST attach a devant brand names. If the service is si Number of the en If the service is si (e.g. A-1) ges D thly # of months service provided in	escription of the Label this descr ite-specific (pro- tity from Block hared by all enti	e service, includin ription with an At vided to one site a 4 receiving this s ities on a Block 4	and not share service. worksheet, l	of components and components are components and components are components and components and components are components and components are components are components are components and components and components are components and components are components and components are com	ntity 58972 per:	Attachment	USFATCH010	

			* **.						
Bille	ed Enti-, applicant #: 131976		Applie s Form Identifier: DMPS4710101						
Con	tact Person: Greg Davis		Phone Number: 515-242-7773						
BLC	OCK 5: Discount Funding Requ	est(s)		P	age 58 of 319				
Instru	uctions: Use one Block 5 page for EA per the completed pages to assure that	ACH service (Funding Request Numb they are all processed correctly.	per) for which	you are req	uesting discounts. Make as n	nany copie	es of this page as necessary, and		
FRI	N #	(to be	assigned l	by admini:	strator)				
11		egory should be checked) O Internet Access • Internal Co		15	Contract Number (if availab "T" if tariffed service, "MTM month-to-month services as described in instructions)		RFP #00-48A		
12	Form 470 Application Number: 7043400002960)	Billing Account Number: (e.g. billed telephone number)		er)	N/A		
				17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy	')	12/12/2000		
13	SPIN - Service Provider Identification Number:	143005447		18	Contract Award Date (mm/dd/yyyy)		01/12/2001		
				19a	Service State Date (mm/dd/y	ууу)	07/01/2001		
				19b	Service End Date (mm/dd/yy	yy)	N/A		
14	Service Provider Name	Pomeroy Computer Resou	rces, Inc.	20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002		
21	Description of this Service:	You MUST attach a description of the relevant brand names. Label this descri					Attachment # USFATCH0101		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (prov Number of the entity from Block b. If the service is shared by all entit	4 receiving this	s service.		58965			
		(e.g. A-1)	on a Diook						
23	Calculations								

Recurring Charges					Non-Recurring Charges			Total Charges			
A	В	С	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	10,000	0	10,000	10,000	80%	\$8,000	

Billed Entry Applicant #: 131976	Applicant's Form Identif	fier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-2	242-7773	
BLOCK 5: Discount Funding Request(s)	Pag	ge 59 of 319	

FRN	N #	(to be assigned by	admini	strator)		
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A	
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A	
:			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000	
13	SPIN – Service Provider Identification Number:	143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001	
			19a	Service State Date (mm/dd/yyyy)	07/01/2001	
·			19b	Service End Date (mm/dd/yyyy)	N/A	
14	Service Provider Name	Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002	
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At	low. Attachment # USFATCH0101			
22	Entity/Entities Receiving this Service:	If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this service).	00			
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:		
1 23	Calculations					

Recurring Charges					Non-Recurring Charges			Total Charges		
A	В	C	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	\$8,000